

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

567.-62-005727

AMENDED

Registration District No.

43

Primary Registration District No.

3007

Registrar's No.

STATE FILE NUMBER

FILED MAR 12 1962

## 1. PLACE OF DEATH

a. COUNTY

Butler

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Poplar Bluff

Length of stay in 1b

36 yrs.

c. CITY  
OR  
TOWN Poplar Bluff

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Poplar Bluff Hospital

Inside Limits

Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
904 Nooney St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Henry

Middle

Earl

Last

Moss

4. DATE  
OF  
DEATH

Month

Day

Year

January 30, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

6/16/1889

## 9. AGE (last birthday)

72

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Merchant

## 10b. KIND OF BUSINESS OR INDUSTRY

Mercantile

## 11. BIRTHPLACE (City and state or country)

Henry County, Ill.

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

Charles Moss

## 13b. MOTHER'S MAIDEN NAME

Mary Priscella Fredenburg

## 14. NAME OF HUSBAND OR WIFE

Mabel Ann Moss

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 17. INFORMANT

Address

Mrs. H. E. Moss. Poplar Bluff, Mo

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Thrombosis

## INTERVAL BETWEEN ONSET AND DEATH

one week

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Chronic glomerulo-nephritis

several years

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Acute Myocardial Infarction

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour  
s.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

Feb 25, 1962 to Jan 25, 1962

and last saw him alive on

Jan. 30, 1962

## Death occurred at

2:00 P. M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

George L. Basham M.D.

## 22b. ADDRESS

Poplar Bluff, Mo.

## 22c. DATE SIGNED

2-26-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

2/1/1962

## 23c. NAME OF CEMETERY OR CREMATORY

City

## 23d. LOCATION (City, town, or county)

Poplar Bluff, Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

Frank-Cotrell Chapel, Poplar Bluff, Mo.

## 25. DATE RECD. BY LOCAL REG.

3/11/1962

## 26. REGISTRAR'S SIGNATURE

Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Edgar W. Laffoon*

Licensed Embalmer No. 3394

P. O. Address Poplar Bluff

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.